

# APPLICATION FOR DISABILITY BENEFITS

(PLAN SECTIONS 5 AND 6)

RECEIVED

OCT 10 2000

DATE RECEIVED

(For Plan purposes - Do not write in box)

NFL PLAYER BENEFITS

## DATE MAILED TO PLAYER

(For Plan purposes - Do not write in box)

## MAIL COMPLETED FORM TO:

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN  
 200 St. Paul Place, Suite 2420  
 Baltimore, Maryland 21202-2040  
 (410) 685-5069 (800) 838-3186

TYPE OF DISABILITY BEING APPLIED FOR (Check each category being applied for):

- ☐ Line-of-Duty Disability - Plan § 6  
☐ Active Football Total and Permanent Disability - Plan § 5.1(a)  
☐ Active Nonfootball Total and Permanent Disability - Plan § 5.1(b)  
☒ Football Degenerative Total and Permanent Disability - Plan § 5.1(c)  
☐ Inactive Total and Permanent Disability - Plan § 5.1(d)

## PART A - PLAYER INFORMATION

Name	Date of Birth	Social Security No.
ANDRE TIERRE ROYAL	12-1-1972	416-88-0498
Address (No., Street)	Telephone (Home)	
6333 Lily Pad Court	(704) 599-0049	
(City, State, Zip Code)	Telephone (Office) Alternate 510	
Charlotte, NC 28262	(813) 801-5985 568-8484	
Marital Status (Check One)	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married
Name/Address of current or most recent employer:		If not currently employed, date last worked:
Indianapolis Colts Indianapolis IN A. Royal-Flush Records 3519E. 45th Terr. K.C. MO		May 2000
Reason for leaving most recent employer (if applicable):		
64130		
Seizures have continued with retirement. Unpredictable & uncontrollable		
If you are applying for total and permanent disability benefits, date that you became unable to work:		
Totally incapacitated in February 2000		

## PART B - NFL EMPLOYMENT INFORMATION

List all seasons during which you were on the active or inactive list of an NFL Club (attach additional page to list additional seasons).

Season	Name of Club	No. of Games for Which You Were Paid
1995	Carolina Panthers	All
1996	Carolina Panthers	All
1997	Carolina Panthers	All
1998	New Orleans Saints	Preseason
1998	Indianapolis Colts	All
1999	Indianapolis Colts	16
	BBM JAN 11 2001	
	BBM APR 12 2001	

PART C - DISABILITY AND ATTEND		PHYSICIAN INFORMATION	
Date Disability Occurred diagnosed 6/1/1998	Nature and Cause of Disability (If more space is needed, attach additional page) Seizures arising out of trauma to head. No history or occurrence of seizures prior to the 1998 season. 1 occurred shortly after game on team plane, 3-5 weeks after original seizure was diagnosed. Have continued with no response to medicine.		
Name of First Attending Physician		Date First Examined	
Physician's Address (No., Street)			
(City, State, Zip Code) Charlotte, NC		Telephone	
Name of Current Attending Physician (If different from above) Dr. Richard Hamner			
Physician's Address (No., Street) Good Shepard Medical Plaza, 4th Street			
(City, State, Zip Code) Longview, TX 75604		Telephone 903-236-2	
PART D - WORKER'S COMPENSATION/SOCIAL SECURITY DISABILITY INFORMATION			
Have you ever applied for Worker's Compensation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What was the result of your application? Attach copy of award, if applicable. <input type="checkbox"/> Benefits awarded <input type="checkbox"/> Benefits denied <input type="checkbox"/> Application pending		
If you were awarded Worker's Compensation benefits, how much is the benefit and in what form is it paid? n/a	Worker's Compensation Claim No. n/a	State n/a	
Have you ever applied for Social Security Disability benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What was the result of your application? Attach copy of award, if applicable. <input type="checkbox"/> Benefits awarded <input type="checkbox"/> Benefits denied <input type="checkbox"/> Application pending		
If you were awarded Social Security Disability benefits, how much is the monthly benefit? n/a	Social Security Claim No. n/a		
Have you ever applied for disability benefits from your current employer or from any prior employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What was the result of your application? Attach copy of award, if applicable. <input type="checkbox"/> Benefits awarded <input type="checkbox"/> Benefits denied <input type="checkbox"/> Application pending		
If you have received or have ever been awarded disability benefits by any employer, how much is/was the benefit and in what form is/was it paid? no			
PART E - ELIGIBILITY CERTIFICATION			
YOU MUST COMPLETE THIS SECTION IF YOU ARE APPLYING FOR <u>LINE-OF-DUTY</u> DISABILITY BENEFITS.			
You must submit your application for line-of-duty disability benefits in writing within 48 months after you cease to be an active player. This 48-month period will be extended for any period of time during which you are found by the Retirement Board of the Bert Bell/Pete Rozelle NFL Player Retirement Plan to be physically or mentally incapacitated in a manner that substantially interferes with the filing of such application. If you do not have a Credited Season (as defined in the Plan) in 1993 or later, 36 months is substituted for 48 months in the above two sentences.			
Have you submitted your claim within the applicable time frame? <input type="checkbox"/> Yes <input type="checkbox"/> No			
YOU MUST COMPLETE THIS SECTION IF YOU ARE APPLYING FOR <u>TOTAL AND PERMANENT</u> DISABILITY BENEFITS.			
The Bert Bell/Pete Rozelle NFL Player Retirement Plan awards total and permanent disability benefits only to <u>active</u> players or <u>vested inactive</u> players who are not receiving retirement benefits and who have not attained age 55.			
Are you <input type="checkbox"/> an active player or <input checked="" type="checkbox"/> a vested inactive player?			
Are you receiving retirement benefits from the Bert Bell/Pete Rozelle NFL Player Retirement Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Have you attained age 55? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.		SIGNATURE Andie J. Lopez	DATE APR 11 2001
			7-20-2000